

are of two kinds, syphilitic and non-syphilitic. To distinguish them attention must be paid to the situation in which they are evolved, to the previous state of the surface in which they have appeared, to their progress and to the coincidence or otherwise of syphilitic symptoms generally, rather than to the physical character of the growths themselves. Hunter and several other writers have denied the existence of any excrescences truly syphilitic in their nature. * * * * Numerous cases leave no doubt of the fact that certain excrescences are owing to the syphilitic cachexia, and that they sprout without evident inflammation." Corvisart (*Essai sur les Maladies du Cœur*, t. 8, p. 227) speaks of excrescences "of a venereal appearance" on the mitral valves of persons formerly affected with venereal disease. Laennec also mentions several similar cases, but thinks there is no adequate ground for speaking of them as syphilitic in their origin (*Traité de l'Auscultation Médiate*, t. 2, p. 618).

Other writers on diseases of the heart mention such cases without asserting their syphilitic nature. The idea of a venereal origin seems to have been associated with these formations, chiefly from their frequent occurrence upon or near the genital organs, where, Ricord says, they are a very frequent source of error among those who are accustomed to consider any affection of those parts as necessarily venereal (*Iconographie*).

That constitutional syphilis may frequently be the remote or accidental cause of warty tumours of the larynx is extremely probable. Professor Gross (*Surgery*) says: "Warty excrescences, similar to those of the vulva and penis, are sometimes found in the larynx. * * * * These vegetations are usually associated with thickening of the lining membrane of the tube, and are nearly always dependent upon a syphilitic taint of the system." Rokitsky, under the head of "laryngeal tumours," speaks of "condylomatous excrescences occurring upon or near an ulcerated base," as "most probably of a syphilitic nature." In such cases the growths are found in company with decided marks of inflammation of the mucous membrane, without which I believe there is not the slightest evidence that they ever occur as a result of constitutional syphilis. I believe that such tumours, when found in venereal subjects, may be fairly considered to be either an accidental complication, an hypertrophy of the epithelium resulting from the irritation of repeated attacks of laryngitis, or a new growth formed by the deposition of lymph and its subsequent transformation into fibrous tissue. In the conflict of authorities in regard to the venereal character of warty growths and the meagreness of details bearing upon this point in recorded cases, it is impossible to say positively that this tumour is or is not syphilitic. But when we consider the youth of the subject, its good general health, its freedom from all appearance of syphilitic cachexia, and the entire absence of any sign of inflammation of the lining membrane of the trachea, I think it may be safely asserted that the probabilities of the case and the weight of authority are on the side of the negative.

Feb. 14th. Cerebro-Spinal Meningitis. Dr. HUTCHINSON gave the history of the case as follows:—

Mary McCabe, aged about 50 years, married, by occupation a nurse, was admitted into the Episcopal Hospital on the afternoon of Tuesday, Jan. 30, 1866.

She appears to have been in her usual health up to the Sunday preceding her admission, and was engaged at that time in nursing a severe case of fever, said to be typhoid; on that day she complained of a slight soreness

in the last phalanx of the index finger of the left hand, but she continued at her post until the next day, when she was too ill to fulfil her duties.

The following are the notes of Dr. Watson, the resident physician, made at the time of her admission. The patient walked up to the third story of the building, seemed perfectly conscious, but is indisposed to talk much; complains of pain through her body and of great difficulty of breathing; the face is pale; nostrils dilated; respiration superficial and frequent; pulse 140 and feeble; skin dry, but only moderately warm; the *calor mordax*, of typhus being entirely absent; the pupils very much contracted; tongue moist, but coated with a whitish fur; auscultation revealed the presence of sonorous and sibilant rales throughout the chest, and at one point well marked crepitation, at which point there was dulness on percussion. The decubitus was dorsal, the head being at the same time retracted. She was ordered f3ss of solution of morphia, and a wineglassful of milk punch every three hours. At midnight she seemed asleep.

Jan. 31. No great change in her condition; pulse not quite so frequent, 112 to the minute; a few petechiæ to be seen upon examining chest and abdomen; turpentine and muriatic acid to be given internally; the amount of stimulus to be doubled, and counter-irritation to the chest to be made by means of turpentine stupes. The resident physician was directed to give her quinia in large doses, if improvement did not take place before evening. There was a small collection of blood and pus under the cuticle around the nail of the index finger of the left hand, which was evacuated and then treated with a poultice; there was also slight redness of the back of the hand, but the lymphatics of the arms were not involved. The turpentine failing to produce redness of the skin, later in the day mustard was applied and kept on for over an hour without producing the desired effect. Dry cups were then applied to the whole surface of back and sides of thorax, and under their influence respiration became more easy and less frequent, falling from 50 to 40. At 7 P. M., the effect of the dry cupping having passed off, the cups were again applied with the effect of producing as marked relief as before.

The inflammation of finger subsiding, and has evidently nothing to do with her disease.

Feb. 1. Patient is evidently much worse; face pale with a bluish hue; pupils exceedingly contracted; breathing very laboured; extremities cold; refuses to take stimulants and food, and seems unable to swallow; pressure on the back of the neck elicits a cry of pain; no fresh petechiæ on abdomen.

Heat to be applied to feet, turpentine to the chest, and an injection of milk punch and 12 grs. of sulphate of quinia to be administered. The injection came away two hours later, and brought away some yellow feces—it was repeated with the same effect.

Death took place at 4 P. M., a little less than two days after her admission, and about four after her seizure.

Autopsy 18 hours after death. Rigor mortis not well marked.

Upon opening the head an unusual injection of the veins of the meninges together with opacity of these membranes was observed, and on attempting to remove the brain four or five fluidounces of serum escaped. A small quantity of effusion was found in the ventricles, but the whole of the brain was in an œdematous condition, the serum exuding upon the slightest pressure. In the pleural cavities a slight effusion had taken place; on the right side there were old pleuritic adhesions; in the middle of the right

lung, corresponding to the point where dulness and crepitation had been noticed, a low form of hepatization of the lung existed, and other similar points were found throughout both lungs.

The heart was healthy, but presented a large amount of fat deposited in its walls; a very small fibrinous clot occupied the left ventricle, with which exception the blood was everywhere found fluid. The liver and kidney had both undergone slight fatty degeneration.

The intestines were carefully examined, but no ulceration of the patches was discovered. At the ileo-cæcal valve a large patch was found slightly elevated, having in it a slight development of pigment in points.

On the uterus were a number of pedunculated tumours which under the microscope presented a fibrous structure. The ovaries were undergoing the cystic degeneration.

A microscopic examination of the blood showed the red corpuscles to be crenated and to have no tendency to aggregate themselves in rolls.

Hepatic Abscess.—Dr. GEO. PEPPER exhibited the specimen and read the following account of the case from which it was derived.

George Robinson, æt. 50, colored—married—occupation privy cleaner, in which capacity he has worked for thirty years. Both parents healthy. Has had seven children, only one of whom is now alive, two having died of phthisis pulmonalis, and one, a daughter of twenty-eight, of carcinoma uteri; the others did not survive early infancy, being exceedingly delicate.

His own health has been good until the last year, although he has been much exposed to cold and wet, and addicted to the excessive use of stimuli. For the last year his health has been gradually failing; appetite very poor, and accompanied by various dyspeptic symptoms; vertigo, flatulence, constipation; bowels being rarely moved except by medicine; the passages being normal in appearance however; a frequent feeling of nausea, but never vomiting; violent headaches; no pain or uneasiness, save from the symptoms above enumerated in the abdomen; urine of normal quantity and quality; has never suffered from epistaxis; but about six months ago he suddenly gulped up a considerable quantity of florid blood, since which time he has had no return of it.

Dec. 13, 1865. For the last four weeks he has been obliged to cease from work on account of feeling particularly depressed and wretched; vertigo much increased; constant nausea, but no vomiting; bowels obstinately confined; headache increased in severity; griping pains in the abdomen, located around umbilicus; dull pain over region of liver, not constant, however; indistinct and irregular rigors; not followed by fever and sweating. His whole appearance is that of a man worn down by exhausting chronic disease; emaciation very great; skin harsh and dry; tongue heavily coated with a thick yellowish fur; breath heavy and offensive; conjunctiva slightly yellowish, but not more so than is frequently seen in negroes; no appearance of jaundice. Heart sounds feeble and lacking in character; respiratory sounds normal; pulse about 80, feeble. No pain on pressure over the abdomen; no tumour could be detected by palpation; the abdominal walls very rigid owing to firm contraction of the muscles. The percussion dulness of the liver much increased, extending from just below the nipple downwards about 9 inches, and transversely reaching considerably to the left of the sternum, touching in the median line the umbilicus. There was no ascites, or apparent disease of any other organ.

The urine was normal in quantity and of a reddish salmon colour, deposit-